

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HAMPTON SUPPORTIVE CARE (310631)

Address: 4615 W HAMPTON AVE, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 07/01/1997

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096950 **End Date:** 04/27/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011857 Served 05/22/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	07/11/2006	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	07/11/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	07/11/2006	Yes
83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES	07/11/2006	Yes
83.35(7)(b)1	WORK AREAS AND EQUIPMENT	07/11/2006	Yes
83.41(9)	CLEANLINESS OF ROOMS	07/11/2006	Yes
83.45(2)(c)1	HANDRAILS	07/11/2006	Yes

Survey ID: 0095266 **End Date:** 07/13/2005 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0094577 End Date: 03/15/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008801 Served 04/26/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	07/13/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	07/13/2005	Yes
83.17(3)(a)1	HOLDING RESIDENT FUNDS-MORE THAN \$200	07/13/2005	Yes
83.17(3)(a)2	ACCURATE ACCOUNTING OF RESIDENT FUNDS	07/13/2005	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	07/13/2005	Yes
83.21(4)	RIGHTS OF RESIDENTS	07/13/2005	Yes
83.21(4)(o)	MEDICATIONS	07/13/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	07/13/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	07/13/2005	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	07/13/2005	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	07/13/2005	Yes
83.41(9)	CLEANLINESS OF ROOMS	07/13/2005	Yes
83.51(1)(g)	FLOORS WALLS CEILINGS IN GOOD REPAIR	07/13/2005	Yes
83.51(1)(i)	DOORS WINDOWS WATERTIGHT WEATHERTIGHT	07/13/2005	Yes

Survey ID: 0093151 End Date: 08/03/2004 Type: ABBREVIATED Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008740 Served 08/19/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	07/13/2005	Yes
83.42(7)(b)	DESIGNATED SMOKING	03/15/2005	Yes
83.51(1)(i)	DOORS WINDOWS WATERTIGHT WEATHERTIGHT	07/13/2005	Yes

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0092093 End Date: 02/18/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008962 Served 04/05/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(a)	HEATING	07/13/2004	Yes

Survey ID: 0091831 End Date: 11/13/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008945 Served 01/27/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)	TRAINING	07/13/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	07/13/2004	Yes
83.21(4)(o)	MEDICATIONS	07/13/2005	Yes
83.32(2)(b)	DEVELOPMENT	07/13/2004	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	07/13/2004	Yes
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD	07/13/2004	Yes
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	07/13/2004	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	07/13/2004	Yes
83.41(9)	CLEANLINESS OF ROOMS	07/13/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	07/13/2004	Yes
83.42(7)(b)	DESIGNATED SMOKING	03/15/2005	Yes
83.51(1)(i)	DOORS WINDOWS WATERTIGHT WEATHERTIGHT	07/13/2005	Yes

Survey ID: 0091222 End Date: 10/10/2003 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/16/2006 SOD #10011857 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(w); 83.45(2)(c)1
FORFEITURE---83.35(7)(b)1
FORFEITURE---83.41(9)

Date: 04/21/2005 SOD #10008801 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---83.21(4)(o)
FORFEITURE---83.32(2)(d)
FORFEITURE---83.41(10)(a)
FORFEITURE---83.41(5)(a)5
FORFEITURE---83.51(1)(g); 83.41(10)(d)
FORFEITURE---83.51(1)(i)

Date: 08/16/2004 SOD #10008740 Appealed: Yes Decision: DISMISSED

Sanctions

FORFEITURE---83.21(4)(o)
FORFEITURE---83.42(7)(b)
FORFEITURE---83.51(1)(i)

Date: 03/11/2004 SOD #10008962 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

CONDITIONS PLACED ON LICENSE
FORFEITURE---83.41(4)(a)

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date: 01/21/2004

SOD #10008945

Appealed: Yes

Decision: DISMISSED

Sanctions

PROVIDE TRAINING

FORFEITURE---83.13(7)(a)9

FORFEITURE---83.14(1)

FORFEITURE---83.14(1)9d)

FORFEITURE---83.21(4)(o)

FORFEITURE---83.33(2)(g)3

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 05/16/2006

Date Investigation Completed: 07/11/2006

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 04/05/2006

Date Investigation Completed: 04/27/2006

Subject Area(s)
RESIDENT RIGHTS

Result
SUBSTANTIATED

SOD #
1001857

Date Complaint Received: 02/01/2006

Date Investigation Completed: 04/27/2006

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #
10011857

Date Complaint Received: 05/12/2005

Date Investigation Completed: 07/13/2005

Subject Area(s)
RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS

Result
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 02/21/2005

Date Investigation Completed: 03/15/2005

Subject Area(s)
SUPERVISION
ABUSE
PROGRAM SERVICES
SUPERVISION
ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
PROGRAM SERVICES

Result
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10008801

10008801

10008801

10008801

10008801

NOT RECORDED

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Date Complaint Received: 02/15/2005

Date Investigation Completed: 03/15/2005

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10008801

Date Complaint Received: 01/31/2005

Date Investigation Completed: 03/15/2005

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10008801

Date Complaint Received: 12/15/2004

Date Investigation Completed: 03/15/2005

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10008801

Date Complaint Received: 12/09/2004

Date Investigation Completed: 03/15/2005

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10008801

Date Complaint Received: 03/09/2004

Date Investigation Completed: 08/04/2004

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10008740

10008740

Date Complaint Received: 02/17/2004

Date Investigation Completed: 02/18/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

10008962

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For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Date Complaint Received: 01/16/2004

Date Investigation Completed: 08/04/2004

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/14/2003

Date Investigation Completed: 08/04/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/11/2003

Date Investigation Completed: 11/13/2003

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10008945
NOT RECORDED

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